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## Original Department.

### Communications.

### REPORT OF A CASE OF STRANGULATED INGUINAL HERNIA—OPERATION—RECOVERY.

BY GEO. W. CUSHING, M.D.,

Attending Physician to the Long Island College Hospital, Out-door Department.

On the evening of May 25th, 1875, I was called to see Mr. W., aged twenty-eight. On my arrival, I learned that he had suffered from hernia several years before, and had since worn a truss for protection. About ten days previous, having removed his truss, the intestine had come down, but under the use of warm fomentations and the recumbent posture, it had returned to the abdominal cavity, as he supposed. Two days before I was called, in the afternoon, while making an effort to save his wife, who had fallen, the tumor appeared again, but much larger than before. He laid down and applied warmth, hoping it would return as before. Not finding any relief, and his symptoms becoming alarming, he sent for medical advice. I found a large mass in the inguinal region, and on examination made a diagnosis of oblique inguinal hernia. The bowels had not acted since the accident, and for the last thirty-six hours he had suffered from vomiting and inability to retain food. I made a slight attempt to reduce the mass, but finding the part sensitive, desisted until later, when I called on Dr. Corey for assistance, who put the patient under chloroform, when I made a determined effort to apply taxis successfully. To reduce, if possible, the size of the tumor, I carried in a hypodermic syringe, but obtained only a small amount of bloody serum. Finding it impossible to return the tumor, I gave a hypodermic injection of morphia, applied warm applications and left my patient for the night.

The next day Drs. Wight and Corey saw the case with me, and it was decided to make another attempt at taxis, under anæsthesia, and operate if necessary. In the afternoon, with the valuable assistance of Drs. Wight, Corey, Rockwell and Fearn, the taxis by Dr. Wight having failed, I operated in the usual manner. The sac was reached without much difficulty, and found distended with fluid. A hypodermic syringe was carried into the sac, and a considerable amount of serum removed, but owing to adhesions, it was found necessary to incise the sac, which was accomplished upon a director. A large mass of omentum protruded, almost gangrenous. On lifting it from its place, a coil of intestine was found beneath, congested but healthy. A double ligature was carried through the omentum, close to the internal ring, and tied in two parts and the mass cut away. The stricture was at the internal ring, and was incised with a hernia knife, guided by the finger. The intestine was then returned, without much trouble. Two horse hair sutures were passed through the upper portion of the wound, and the ligature brought out at the lower part, which was left to heal by granulation. Warm carbolized fomentations were applied to the wound. The patient rallied well from the ether, and was placed under the influence of morphia for the night.

He did well up to the second week, though there was considerable local peritonitis, but it

was kept under control by sufficient doses of opium. The temperature ranged from 99° to 102½,° and pulse from 80 to 120. Beef tea and milk, with lime water, was allowed for nourishment, and quinine was ordered on the fourth day. The bowels remained constipated for a week, when they moved spontaneously and with but little pain. Diarrhœa followed for a couple of days, when the movements became natural.

On June 7th I found my patient worse, with a temperature of 103°, and pulse of 100. There was considerable heat and redness about the wound and surrounding tissues. The discharge from the wound had been small, but of good character. The ligature was still adherent. During the two days following, there was an increase in the unfavorable symptoms. On the third day I found the ligature had become detached, and I removed it with a little traction. It was followed by a discharge of over half a pint of purulent material. The patient at once felt relieved. From this time he made a rapid recovery. The wound healed kindly, and the following week I allowed him to sit up, and at the present time he is able to be about and attend to his daily duties.

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## EXSECTION OF CLAVICLE, FOR NECROSIS, WITH REPRODUCTION OF A NEW BONE.

BY H. H. CLARK, M.D.,
Of Pittsburgh, Pa.

Andrew Berger, German, aged 14 years, apparently hale and hearty, and of stout build, was brought to my office by his parents, for an examination.

Upon inspection I found a hard swelling over the left scapulo-clavicular articulation, about as large as an English walnut, which, though painful to the touch, did not materially interfere with the use of the arm. He told me that this lump had been there ever since he had been struck with a stone, which had occurred several months before; but that it never gave him much pain, or prevented him from doing light work about his father's saloon, until quite recently. He said that, a few days before he came to me, whilst wheeling a wheelbarrow across a rough street, he felt something give way, which augmented the swelling, and limited the motions of the arm considerably, although he still kept working about as usual. It became more and more painful, until at last he was compelled to seek relief. After having examined the arm carefully, I was unable to make out a satisfactory diagnosis, partly on account of the diffused swelling and the imperfect history of the case. I bandaged the arm to the side, to secure rest, applied anodyne lotions, and instructed the boy to call again in a day or two.

The next time he came to the office the swelling had increased, was more diffused, inflamed and fluctuating. I made an incision over the most prominent part of the swelling, which evacuated quite a quantity of offensive pus. Upon introducing the probe, I detected denuded bone along the superior surface of the clavicle, as far as the probe would reach. I enlarged the opening sufficiently to introduce my finger, for the purpose of making a thorough exploration of the diseased cavity. Found the acromial extremity slightly raised, and separated from its epiphysis, the whole superior surface divested of periosteum, the bone necrosed and evidently acting as a foreign body.

After having informed his parents of his condition, I advised exsection as the only means of affording relief, and held a consultation with Drs. Buvinger and Brashear, who entertained the same views in reference to diagnosis and treatment.

Accordingly, on the 23d of August, assisted by Drs. Buvinger and Brashear, I operated. Ether was administered, and an incision made, commencing at the opening which had previously been made, along the upper surface of the clavicle, carrying it outward to the scapulo-clavicular articulation, using the bone as a guide. The soft parts were next carefully separated from the bone, and held apart with spatulæ, so as to enable me to grasp the loose end with finger and thumb, and raise it out of the wound. In this position it was held, and by gently twisting a little, it was easily disarticulated from its sternal extremity, and drawn out of the wound; and upon examination the sternal extremity was also found diseased. The wound was now washed out with warm water, and upon examination we found the epiphysis and a small narrow strip of periosteum remaining behind, which in all probability had been stripped off the under surface of the clavicle whilst removing it. The wound was now carefully packed with lint, saturated in carbol-

ized oil, and an opiate prescribed, according to restlessness.

The next morning I visited my patient, and found he had passed quite a comfortable night, having taken his medicine but twice since the operation. He was visited regularly, and the wound dressed with carbolic acid. Healthy granulations speedily sprang up, and in three weeks after the operation the wound had almost closed. He was now able to walk about, carrying his arm in a sling, and coming as an office patient, every day, to have it dressed.

Two months after the operation the wound closed, and with instructions not to take the arm out of the sling or use it until directed to do so, I dismissed him. I finally lost sight of him for about four years, he having moved out of the city. One day I happened accidentally to meet him. I examined the arm, and was surprised to find that a new bone had formed, and that the arm was as strong and as useful as though nothing had ever occurred to it. He told me that he had then been working at the carpenter business over three years.

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## SALICYLIC ACID IN AURAL DISCHARGES.

BY JULIAN J. CHISOLM, M.D.,

Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon in Charge of the Baltimore Eye and Ear Institute.

The advice usually given, to allow a running from the ear to continue, lest the sudden drying up of a long existing discharge should affect the lungs or fall upon some other important organ, is as absurd, as that the stopping of a leak in a barrel will injuriously affect the contained fluid, or must necessarily break out somewhere else. The reason for this widespread statement, in such constant use with the professional public, probably lies in the acknowledged difficulty in arresting aural discharges when they have become chronic. Much of this trouble is occasioned by want of cleanliness. In most cases, patients will keep the external parts of the meatus scrupulously clean, while the ulcerated drum surfaces are in a perpetual bath of decomposing, offensive and irritating pus. Remove frequently and thoroughly this irritating fluid, from the very bottom of the aural passage, and not only will all disagreeable odor cease, but a few of the cases of long continued otorrhœa will undergo a positive cure. The majority of these cases will, however, require a more active treatment. No applications can be effective for aural discharges, if they are not brought into immediate contact with the raw surface from which the discharge oozes. Thorough cleansing must, therefore, precede all applications. The ear drops in common use, viz: alum or zinc solutions, combined with carbolic acid, are very useful in many cases, but will not stop all discharges. In my own experience, I have found three or four remedies very efficacious in checking rebellious otorrhœa. One is a strong solution of nitrate of silver, from ten to sixty grains to the ounce of water. Another very useful application is an alcoholic solution of corrosive sublimate, two grains to the ounce. I have also used, with excellent effect, in very obstinate cases, chromic acid, five grains, to aquæ, one ounce. These remedies are all efficient, but must be applied with care by the surgeon himself, and be desisted from when they cause too much pain.

Seeing reports of the advantages derived from sprinkling powdered salicylic acid upon the surface of chronic ulcers, it was inferred that this new disinfectant may prove of value in aural surgery. My first trial was with the acid in aqueous solution. I found its solvent powers in water too feeble for efficiency. Alcohol takes up the acid much more freely; an ounce of alcohol will dissolve a drachm of the acid, where a similar quantity of water would not take up two grains. Alcohol is, therefore, a good menstruum for an ear drop containing salicylic acid. My experience was chiefly with the acid in powder, diluting it in varied proportion, with calcined magnesia or oxyd of zinc. I found that the pure salicylic acid could be very safely applied to the discharging tympanic membrane, without causing severe pain. The proportion which I found of most value was one part of salicylic acid to two parts of magnesia powder, as a diluent. The ear being first thoroughly cleansed, the powder was blown into the ear, through a quill or by means of a laryngeal powder puff. It should thoroughly cover the exposed secreting surfaces, from which the purulent discharge is constantly oozing. The effect in all cases has been good; its controlling influence being much more marked in some persons than in others. In some rare cases, I have stopped an aural discharge by a single application. In most cases, it has to be repeated

from day to day, before this good result is secured.

My experience with salicylic acid has been so much more satisfactory than with any other remedy heretofore tried, that I hasten to invite the body of the profession, who have these annoying cases to contend with, to add their experience to my own, as to its usefulness in the arrest of chronic aural discharges. I will give but one case in illustration.

Mr. R., aged 37, of South Carolina, applied to the Baltimore Eye and Ear Institute for treatment, under the following circumstances: He had scarlet fever when a child, and for twenty-five years, at least, has had a constant discharge from the ear, which up to the present time he has in vain attempted to stop. His general health is excellent. Upon examination I found the drum membrane destroyed, and the lining membrane of the drum cavity thick and red. The surface was at first concealed from view by a thick, yellow, offensive fluid, which filled the meatus. Having thoroughly cleansed the entire passage, I blew the mixed powder into the open drum cavity. Its presence caused only a sensation of warmth for a few moments. After twenty-four hours the ear was again examined. The discharge was found in much diminished quantity, of a white color, and watery in consistency. The ear was thoroughly cleansed and the powder reapplied. On the third day there was only fluid enough secreted in the twenty-four hours to moisten the powder, all odor having disappeared. The ear was cleansed anew and the powder again applied, in a very thin layer, upon the secreting mucous surface. On the fourth day the powder was found in the ear dry. From this time the secretion of twenty-five years' standing seemed to be perfectly and permanently suppressed.

In the case of Mr. W., of Maryland, a constant discharge, of twelve months' duration, had been with difficulty arrested by means of a strong solution of nitrate of silver. Three weeks afterwards he exposed himself, in river bathing, when the aural discharge reappeared in full intensity. One thorough cleansing of the ear, with application of the mixed powder of salicylic acid and magnesia, at once arrested the discharge. At the next visit, after twenty-four hours, the ear was found perfectly dry, and it continued so.

I do not infer that all cases of aural discharge will be thus magically influenced by the new remedy, but such things have been done with it, and I feel satisfied that it will prove equally effective when judiciously used by others.

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## SALTS OF IRON IN POST-PARTUM HEMORRHAGE.

BY WM. WELLS HOWARD, M.D.,

L.M.K. and Q.C.P., Ireland.

I was called, June 24th, to attend Mrs. C., in labor with first child. Arrived at 9.30 P. M. On examination I found the head presenting in first position, os two-thirds dilated. The membranes had ruptured half an hour before my arrival. Pains recurred at regular intervals, but were, at first, short and unsatisfactory in their results. They continued increasing in strength until about 2 A. M., when I gave the woman an injection of salt and hot water, for the purpose of emptying the rectum, and also for the purpose of strengthening the pains by irritation of the bowel. It had the desired effect, but the head made no advance. The os continued about two-thirds dilated. It was soft and dilatable, but as the head did not come down upon it, no further dilation took place. At 5 A. M. no perceptible advance of the head having been made, Barnes' forceps was applied, and after about twenty minutes of intermitting traction and leverage, the head was extracted. While the head was being drawn through the vulva, pressure was made upon the uterus above, but the breadth of the shoulders was so great, that it required both hands and considerable traction, in fact as much as I dared to use, to extract the body, and the uterus, in the meantime, was not reinforced by manual pressure above the pubes. As soon as the body, or rather the upper part of the body, came through the vulva, pressure on the uterus was resumed and kept up until the child was expelled, when the uterus was given to an assistant to compress, and I tied the cord.

Some hemorrhage was observed before the placenta was removed, but as it was not great, and as I thought that it would cease as soon as the placenta was expelled, not much attention was paid to it. A dose of fl. ext. ergot was given when the head came down upon the perineum. After tying the cord I proceeded to deliver the placenta. The uterus seemed to be moderately contracted and the insertion of the

cord in the placenta could be felt by passing the finger well up in the vagina. As the woman had no pains, another dose of ergot was given, and the placenta was extracted about ten minutes after the birth of the child. The hemorrhage continued; the uterus could be felt contracted. I now perceived that the woman was suffering from the loss of blood. She grew faint, could not see, responded but faintly to questions that were put to her, and had the pale, yellow look of collapse. Gave her twenty-five drops tinct. opii, with whisky and hot water. Attaching the long uterine tube to a Higginson's syringe, commenced the injection of cold water; continued it for from three to five minutes; the water came away reddened, and on discontinuing the injection, the hemorrhage continued as before. Administering twenty drops more tinct opii, with whisky and water, I put into about a quart of cold water nearly an ounce, by guess, of sol. persulph ferri, and injected it slowly. After injecting half of it, the hemorrhage ceased, and in the meantime I gave fifteen drops more tinct opii, and continued the hot whisky. The pulse was almost gone. The flowing commenced again in a few minutes. I then put about one half ounce more of the sol. ferri into the remaining pint of water, making it about double the strength of the first injection. After injecting it into the uterus, the flowing ceased, and did not recur. Continued stimulating, and in about three quarters of an hour the woman was much better, and in a couple of hours I left the house. The patient had no after trouble which could be attributed to the injection of iron. The vagina was carefully washed out three times a day with a solution of permanganate potass. in warm water. On two separate days she had after pains, and the administration of a dose of ergot was followed by the expulsion of clots. Aside from that, no pain in the uterus was complained of. The child weighed eleven pounds.

It is my opinion that the hemorrhage was the result of the rupture of the cervix. The os was two-thirds dilated and dilatable. There was no rupture when the forceps was applied, for I made an examination to ascertain this before commencing traction. I have seen the injection of iron salts, in cases of post-partum hemorrhage, four times, and in three of these cases with no bad results; in the fourth case, at the Rotunda Hospital, Dublin, the result was fatal, but I do not think that the injection was the cause. This was a case of placenta prævia. The patient had been flowing for twenty-four hours before coming into hospital; the cervix was dilated with Barnes' dilators, and the child turned and delivered. The woman was almost gone before delivery. Hemorrhage continued after extraction of child. Cold water injection tried, with no result. Injection of perchloride ferri, about four ounces to twelve ounces of water. Hemorrhage ceased immediately, but woman died in about one and a half hours. At the post-mortem, at which I assisted, rupture of cervix was discovered, and the rupture extended so far back that blood was present between the folds of the left broad ligament. Of course, in this case, the woman would have died, but in all probability, she would have died from loss of blood and shock, even if no injection had been made.

In the other three cases no bad results followed. In all, cold water injections were first tried, but proved useless.

I am moved to send this communication, because it seems to me that a great many practitioners are not aware that they have, if they will put it into practice, an almost certain method of arresting post-partum hemorrhage, and that the danger from the injection of the salts of iron is not as great as is laid down in the standard works on midwifery. The experience of four cases is certainly not very great, but it is something, and the very satisfactory result in three cases would certainly cause me to use the same means in any other case, if the ordinary means failed to arrest the bleeding. It has always been a query in my mind, how do practitioners who dread to use this remedy proceed in cases of flooding, when the ordinary procedures fail? It seems as though many women must die, who might have been saved by the use of sol. ferri.

A great deal of reliance has been placed upon the injection of cold water. In all the cases that I have seen this has proved useless, and a mere waste of time. The use of ice water might be followed by better results, but it must be evident that in the country, and even in the city, much time must often be lost, if we are to wait until the ice is procured. A bottle of ferri persulph., and a syringe with a long, flexible uterine tube, can always be carried in the obstetric bag; and I think that the practitioner who takes it with him, and is prepared to use it in case other measures fail, will

be relieved of an immense amount of anxiety, for the dread of meeting a case of post-partum hemorrhage is certainly very great with a large number of young practitioners, if not with the older ones.

## PLEURO-PNEUMONIA FOLLOWED BY EMPYEMA.

BY J. W. FISKE, M. D.,
Of Kalamazoo, Mich.

L. C., aged seventeen, of St. Louis, Mo., was attacked with pleuro-pneumonia, in the month of December, 1872. Effusion took place in left pleural sac. Paracentesis thoracis was not performed, and empyema was the result, and nature, true to herself, did what the physician failed to perform, by making two spontaneous openings to the left of the heart, one between the third and fourth ribs, and the other between the seventh and eighth. About two months after the invasion of the disease, a large quantity of pus was evacuated. Collapse of lung took place, except the upper and posterior portion. The heart was pressed clear over to the right side; adhesions formed, binding the lung down. The discharge of pus continued until he came to Michigan for treatment, the middle of October, 1874, the spontaneous discharge of pus having continued for over one year and a half. His appearance at this time was anæmic; he looked like a person in the last stage of phthisis pulmonalis; was very much emaciated, weighing only ninety-three pounds; could use but little exertion; could ride a short distance over a smooth road, slowly. The opening in the pleural cavity was oblique, about two inches in length. I paid no attention to the upper opening, which closed entirely, after three weeks' treatment. I immediately put him upon the use of the elixir of the iodo-bromide of calcium comp. (Tilden's), and washed the pleural sac out with warm soda-water, followed with cond. sol. of carbolic acid, strength one of acid to eight of water, and soon increased the strength to one of acid to four of water, but the former was more satisfactory. The discharge lessened, but continuing purulent I injected comp. tinct. of iodine, one to eight of water, and after three weeks' treatment, discharge greatly diminished (injected morning and evening), appetite good, and gaining strength, but the discharge continuing somewhat purulent, after medication for two months, commenced to inject into pleural sac the sol. of iodo-bromide of calcium, for external use, strength one to eight of water, and was much pleased with its therapeutic action; discharge became less purulent, and I was obliged to insert a tent, to prevent the closing up of sinus entirely. At this time there was a thin, watery discharge, of about one tablespoonful, night and morning. Weight increased about fourteen and a half pounds; could now ride over rough frozen ground without any inconvenience; in fact, could ride with me all day. Still taking the elixir of iodo-bromide internally, and injecting sol. of iodo-bromide, as above. Continued to improve in countenance; now has the appearance of health; and at the time of his leaving for home, the fore part of April, he would not be taken for an invalid. I used various strengths of the above medicines, and others, but the proportions above indicated were most successful. Discharge from side now about one teaspoonful or less, watery, and no doubt comes entirely from the sinus, the pleuræ having become adherent.

When I commenced treatment the sac would hold several ounces; at the time he left for his home the injection did not seem to enter the pleura at all. After returning home, he remained well one week, but on exposure to cold and damp, was taken with a chill, and congestion of the right lung and brain took place (so his physician says), he soon became insensible, and in a few days passed away; his left side continuing as well as when he arrived home; his physician stating the old trouble had nothing to do with his last illness.

## ON A CASE OF EMPYEMA.

BY A. J. JESSUP, M.D.,
Of Westtown, N. Y.

I wish to relate the particulars of a case of the above affection, one of great interest to me, and I hope will be such to your readers.

David S., æt. 6, native of this place, was seized with pneumonia of right lung, January 15, 1875. The inflammation ran a tedious course, ending in consolidation, gray hepatization of the lung. Intercurrently the pleura of the same side became inflamed, and ran a tedious course, but up to April 30th with no signs of effusion. During all this period the pulse ranged from 130 to 165, respirations 30 to 46. At this period I discovered an increas-

ing dullness on percussion, with an absence of respiratory murmur over the whole anterior half of the thorax, right side. About May 10 there was bulging of the intercostal spaces anteriorly; normal posteriorly. My diagnosis now, from the fact that the respiratory sounds were distinct, posteriorly, from the scapula to the last rib, was an adhesion of the lung to the back part of the chest wall, below to the diaphragm, but free over the anterior half; these adhesions preventing the lung from being crowded up, allowed space to the accumulating matter anteriorly; the lung becoming flattened directly backward, as far as the adhesions previously mentioned would allow. I arrived at my decision as to the nature of the contents, thus: judging if it was serum, our blisters, diuretics, etc., would have long before caused absorption and removal, leaving no alternative but matter. The issue of the case proved our premises. With the concurrence of Dr. Whitaker and Dr. Everett, and the assistance of the former, I removed thirty-two ounces of matter, by Dieulafoy's Aspirator. It would have been impossible to insert the trocar as far back as in an ordinary case, and as laid down in the books; had we done so, we should have penetrated the lung, without reaching the matter, showing that the surgeon must apply his judgment to each particular case; that an unvarying routine method will not do for all cases; that we should have a picture in the mind's eye of the anatomical part which is the seat of lesion, "giving eyes to our knife, that it may see and avoid the manifold dangers by which it is surrounded."

On June 5th, finding the sac again filling, I aspirated, removing sixteen ounces of pus, washing out with 1 to 100 carbolic acid. Supporting with good food, cod-liver oil, syrup ferri iod. quiniæ, etc. On June 30 the chest was greatly distended, intercostal spaces very prominent. With consent of parents, I decided to make a free opening at the most prominent part, viz., between the fifth and sixth ribs, on a line with the nipple.

Dr. Whitaker giving ether, I introduced a director through the intercostal space, at an ulcerated point left by the first operation, which communicated with the interior, but so tortuously as to be useless for drainage; bending the director back so as to render the tissues to be incised tense, with a sharp bistoury I made an incision an inch long, from which pus escaped in a tide, continuing to flow half an hour, in all more than three pints. I did not dread the entrance of air (so much the bugbear of writers), considering pus retained more injurious than air. Moreover, in this case we might have gone on aspirating *ad infinitum*, or until our little patient became exhausted, in the hopeless endeavor to cure the abscess without admission of air, as it was sure to refill after each aspiration, his only chance being the establishment of free drainage, which we accomplished by a tent inserted between the lips of the wound. The symptoms began to improve since the last operation, the discharge continuing in diminishing amount; patient walks about; general condition very much improved; the prospect of cure very encouraging. Supporting treatment continued.

The case teaches the necessity of accurate *diagnosis* in all chest affections, together with thorough physical exploration in all cases, that we may detect grave changes when they occur, boldly and fearlessly using the necessary operative procedures to relieve; while, on the other hand, without a perfect diagnosis, we would approach them with doubt, and jeopardize life where we hoped to cure.

## Medical Societies.

### WISCONSIN STATE MEDICAL SOCIETY.

The 29th annual meeting of the Wisconsin State Medical Society opened at the Assembly Chamber, in the Capitol, Tuesday evening, June 1st.

The Secretary, Dr. Nichols, of Milwaukee, called the roll of the members of the Society, some fifty answering to their names.

President Reeve then proceeded to address the Society. The following are the closing passages of the address:—

"To popularize medical knowledge is one of the pressing duties of the day. The field for legitimate medicine in this direction is broad, and too largely uncultivated, yet we rejoice that here and there the good work has begun. The interests of humanity, the interests of scientific medicine, the thirst of the people for knowledge, all speak to us a lesson—that we give to the people, in suitable language, pure and healthful medical literature: thus may we save them from many a snare, and from many a destructive pitfall. If we believe our science to be true, let us so present it to the public mind that its truthfulness will be appreciated, and its practice honored and trusted. If there is aught in it incapable of bearing the closest scrutiny, let that part of it fall, however venerable its usage, or however largely supported by authority. Legitimate medicine claims for itself no exclusive privileges; it seeks to conceal nothing as it needs to conceal nothing; it shrinks from

no scrutiny, but ever courts an investigation of its principles and its practice, of its science and its art. In all ages it has been 'the hope of the diseased throughout the world.'"

Dr. Ira J. Manly, of Markesan, from the Committee on Practice, read a report, embodying many interesting cases and suggestions therefrom, in regard to treatment of fevers by water, as now practiced extensively in Europe and America. Also in the same paper were remarks on rheumatism and transfusion of blood. The report elicited remarks by Dr. Stoddard, as to whether arterial blood could not be safely infused by the immediate method, instead of venous, as heretofore used.

Remarks were made by Dr. Whiting, on the use of peruvian bark in the treatment of rheumatism. Tincture of iron was recommended by Dr. Manly, and alkalies and diaphoretics by Dr. Stansbury. The report was referred to the Committee on Publication.

The report of the Committee on Surgery was a paper by Dr. Marks, on new methods of ligating arteries. It gave suggestions by Dr. Webber, of Cleveland, of pocketing the extremity of the artery, as a substitute for ligation. Dr. M. recommended ligation by deer tendon, carbolized, as a method superior to ligations heretofore used. Discussion ensued on the subject by Drs. Stoddard, Palmer, and others. Dr. Day, of Wauwatosa, gave a case where Dr. Marks used tendonous ligature, and considered it superior to the silk. Dr. Stoddard questioned the reason for applying tendon instead of silk carbolized, both being animal tissues. The report was adopted and referred to the Committee on Publication.

Some further remarks were made by Dr. Dalton, on animal ligatures; also by President Reeve. Dr. Manly inquired what became of ligatures in the abdominal cavity, which was answered by Dr. Marks, recommending, as before, animal tendons, instead of silk, as being more easily absorbed. This statement was questioned by Drs. Stoddard, Whiting and Palmer. Dr. Palmer sees no superiority in tendon over silk, that also being, as was before stated, an animal substance, and consequently as capable of absorption.

Dr. Day reported a case of amputation by Dr. Marks, with the use of carbolized deer tendon for ligature, with a very successful result. Had primary union in nearly its full extent, but was retarded somewhat by the necessity of using a silk ligature in one part.

Dr. Senn read a paper on transplantation of bone, which was adopted and referred as usual.

A very interesting report of Dr. Wigginton, of the State Hospital for the Insane, on Pathology of brain diseases and treatment, was read and referred to the Committee on Publication.

Dr. Palmer reported a case of unusual interest, of tubal pregnancy, and exhibited a post-mortem specimen to illustrate this condition.

Dr. Linde read a paper upon diseases of the skin, in which he gave an interesting account of a case of scalp injury, which elicited some discussion, and was referred to the Committee on Publication.

Dr. Griffin read an essay upon small-pox and vaccination, taking strong ground in favor of making the latter compulsory, giving statistics to enforce his view. After some remarks the paper was referred to the Committee on Publication.

Dr. McCall reported a case of hernia, with formation of artificial anus. and treatment.

Dr. H. P. Strong, of Beloit, reported, recommending the following officers, who were elected by ballot:—

*President*—Dr. J. B. Whiting, of Janesville.

*Vice Presidents*—Dr. Ira Manly, Jr., of Markesan; Dr. F. Senn, of Milwaukee.

*Secretary and Treasurer*—Dr. J. T. Reeve, of Appleton.

Milwaukee was designated as the next place of meeting.

Dr. Favill offered a resolution that the establishment of a Medical College in the city of Madison is inexpedient.

Dr. Manly moved that it lie on the table. Dr. Favill explained that in view of the action of the Legislature, in transferring the Soldiers' Orphans' Home to the Regents of the University for a Medical School, some action was important. Dr. Manly's motion was lost. After some discussion, in which it was stated that the resolution was in accordance with the views of the Regents, and Dr. Whiting strongly opposed the establishment of any Medical College in this State, the resolution was adopted.

## THE BELMONT, OHIO MEDICAL SOCIETY.

This Association, commenced in 1866, has been reorganized, under the appellation, "The Medico-Chirurgical Society of Eastern Ohio." A meeting was held in Bellaire, Ohio, June 7th, and an extension of the Society, to take in the neighboring part of West Virginia, was proposed. The President is Dr. W. W. Junkins, Bellaire, Ohio.

### Boils and Carbuncles.

In a late thesis on anthrax and furunculus, Dr. Labattu, of Paris, discusses some interesting points in relation to them, and especially the question of treatment. The gravity of anthrax of the face, complicated with phlebitis, is due to the spreading of the latter on the side of the cranial sinuses, or to purulent infections. The rapid supervention of exophthalmos indicates with certainty the spreading and the possibility of this inflammation of cranial sinuses. Large and early incisions seem to be the best means of preventing and sometimes putting a stop to the phlebitis. No medical means appear to exercise sufficient control over this affection. Dr. Labattu reports several interesting cases in support of his theory; amongst others, one in which he was the sufferer, and where multiplied incisions seem to have stopped incipient phlebitis.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### The Comparative Effects of Ether and Chloroform.

From a recent number of the *British Medical Journal* we learn that Professor Schiff made a verbal communication to the Medico-Physical Society of Florence, on March 1st, in which he related the results of upwards of five thousand experiments on the differences between anæsthesia produced by chloroform and that produced by ether. With both ether and chloroform, paralysis of conscious sensation; paralysis of the movement of voluntary muscles; paralysis of respiration, circulation, and, finally, paralysis of the heart and the vasomotor nerves occur. Respiratory paralysis is produced by ether when circulation and blood-pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases, but it is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paraylsis. Under these conditions, and when vascular paralysis lasts under thirty seconds, artifical respiration is useless, because there is no longer any exchange of gases, the blood-pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life, when etherization is employed, whilst it may be so with chloroformization, because sometimes it is possible to produce some automatic respiratory movements, but, nevertheless, respiration ceases immediately, and the animal dies. With etherization, on the contrary, when some automatic inspirations are obtained, it may be taken as certain that respiration will continue, and that the animal will live. Professor Schiff affirms that, in the present state of science, there are no means which will show us how to recognize. so as to prevent them, the tendencies which may cause death in some animals, after the first inhalations of chloroform, before having produced true anæsthesia. The reverse occurs with ether; so that it may be said that in the present state of knowledge the surgeon is responsible for the death of the individual by etherization; whilst he is not responsible when death occurs during chloroformization. Professor Schiff, therefore, deduces from these facts the following conclusions: 1. The phenomena relating to the paralysis of sensibility and movement are common to both ether and chloroform. 2. The two other orders of phenomena, that is to say, those relating to vascular and respiratory paralysis, often show themselves in inverse order with reference to these two agents. 3. With chloroform, however, either the one or the other of these two paralyses may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance Therefore, the use of chloroform should be rejected, and ether only be used.

### Amyl Nitrite in Mental Disease.

This drug exciting considerable attention just now, we quote from the *Medical Record*, of London, an article in which Dr. Schramm gives his experience of it as a remedy. After quoting Browne and Brunton, who have experimented with it in this country, he gives his results as follows:—

A temporary favorable result was, with one exception, seen in all the cases (nine). This occurred at once, after the inhalation, and was both subjective to the patient and objective to outsiders. The mental state, at first depressed and painful, became more lively, and the dullness gave way to affability. A few hours after the inhalation the former state, without exception, returned. The favorable effect of the treatment was most apparent after the first or second inhalation, and by repetition became weaker; so that after two or three weeks' experience it quite failed, especially in its influence on the heart's movement and the course of the circulation, though after an interval it acted as at first. In two cases the remedy preserved its sedative power up to the third month, though even here it failed to thoroughly subdue the symptoms. Even here, it should be added that the two patients were accustomed to morphia, from which they had experienced much relief to their depression.

In most of the cases anæmia was present; but this gives no necessary premises for the psychic operation of the drug, for once it failed (even at the first inhalation) in a notably anæmic person, and in two instances it succeeded where plethora and other congestive symptoms were present.

Although it is proved that amyl nitrite causes dilatation of the brain-vessels, we have yet no means for deciding whether the influence is the consequence of the dilatation of the vessels and the greater flow of blood, or whether there is a direct influence of the blood, changed in composition by the amyl nitrite, on the nervous apparatus. The last two cases, where plethora showed itself, seem to speak for the latter hypothesis; although even here a still greater widening of the vessels may have occurred and have led to recovery. Anyhow, Meynert's

theory of the dependence of melancholia on anæmia of the brain is confuted.

The practical result is, that we can by amyl nitrite relieve *for a time* the condition of melancholia and its attendant neuro-pathological symptoms. To the cure of melancholia, having regard to the as yet unknown brain-changes causing it, our experience is only of use when the disease is of short duration or has frequent periods of remission.

When the remedy does not quickly act, it is of no special use; and, as a palliative, it is, because of the rapidity with which the system becomes accustomed to it, behind other narcotics. Let it be only used in mild cases of simple melancholia; but it is not yet clear that such cases are more easily influenced when associated with an anæmic condition than when with plethora.

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**Treatment of Fistula by the Elastic Ligature.**

M. Mollière discussed, in the *Lyon Médical*, the subject of the treatment of fistula of the anus by means of elastic or india-rubber ligatures, as originated by Dittel. M. Daniel Mollière, who is surgeon of the Hotel-Dieu de Lyon, thus sums up the elastic ligature in respect of the treatment of fistula:—

1. There is little or no pain in connection with the operation.
2. There is no hemorrhage.
3. Recovery is rapid.
4. The patient is not confined to bed, but may go out at once if he like.
5. The most delicate person may be operated upon.
6. Anæsthetics are not required.
7. There is very little suppuration.
8. And lastly, even when the operation has been begun with the bistoury, it may be bound up with the elastic ligature. Once the ligature is in place, the two ends, first passed through a little ring of lead, are put on the stretch. At the maximum of tension, the ring is crushed with a stout pair of pincers, in such wise that the fistula is included, strangulated, in fact, within an elastic noose, and the tension maintained until the ligature cuts through the parts and is discharged.

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**The Effects of Dietetics.**

In the *Bulletin Général de Thérapeutique*, March 30, 1875, quoted in the London *Medical Record*, Dr. Dauverge (père) alludes to a recent article by Professor Bouchardat, which concluded, "As they advance in life, young practitioners will find, like myself, that pharmaceutics do not fulfill all their promises, and they very frequently return to the employment of well-directed hygienic modifications. Such is the history of all reflecting and observant practitioners." In illustration of this, he gives what he terms a most remarkable and illustrative case. A lady, aged about fifty, delicate and nervous, already long past the menopause, suffered for six months from intermittent pains in the left hypochondrium, the pain being sometimes insupportable. The patient was pale, cold, the pulse small and corded, and the suffering intense. On exploring the abdomen, a fullness was found filling the right hypochondrium, but without much sensibility to pressure. Was it tumor or spasm? Inclining to the latter belief, a calmative was administered, and the pain ceased. The attendant, with good intentions, gave, without permission, a copious allowance of soup. In the night, the pains returned more urgently than ever. By diet and the continuation of the calmative mixture she again was relieved, and the diet was renewed in the form of light panada, with cream and rice. One night she was worse, and thought she was about to expire. Next day the lady was in a most pitiable condition. She complained of pain, acute and torturing, always at the same spot. The skin was cool, the pulse imperceptible, the eyes hollow, and the tongue dry, with a very bad taste in the mouth, like fæces. On palpation of the right hypochondrium, a piece of bowel was found, probably the ascending colon, on which was a tumor either around or within the intestine. Cataplasms containing laudanum and belladonna were without effect, and cold water on a well-folded napkin was applied. Immediately there followed a deep inspiration, and the patient felt relieved. The application was continued, and some whey and carbonated water formed the diet. Under this treatment the pain became supportable, but returned from time to time. There was much weakness, without fever, and feeding by the mouth brought back the pains; nutritive enemata were therefore employed. In a little time cream, with corn-flour, etc., could again be taken, and in a year the patient assumed her ordinary diet. The fullness in the hypochondrium entirely disappeared. Other cases are given, as of a boy with enlargement of the mesenteric glands. After divers plans of treatment had failed, he was put upon a diet of white grapes, after which he recovered, and is now a robust peasant. In another case of jaundice, the patient was not yellow, but orange-colored. After six months of futile treatment, the patient was put upon a frugal dietary of watermelons, grapes, fresh figs, etc., without bread or soup. After two months and a half of this he was again white and well. Syphilitic ulceration of the palate, and a phagedenic bubo, had also yielded to an Arab diet.

A milk diet is especially suited to dropsies, either anasarca or ascites, and by perseverance in it even grave cases may be much relieved. In a case of persistent vomiting, with heartburn, cold milk, cold soup, and fresh carbonated water procured a perfect cure. In a case of general anasarca, with continual drowsiness and dyspnœa, with confusion of ideas, milk, with purgatives and digitalis, produced most desirable effects. In a case of diarrhœa and sthenic bronchitis in a lady, most irritable and difficult to deal with, after a diet of milk

and syrup of morphia failed to give relief, lentil-meal with milk was successful. In another case, where a condition of wandering, delirium, hot skin, with frequent pulse and high-colored urine, followed typhoid fever, cold baths and abundant fluid with milk cleared the urine, and brought about perfect recovery. In typhoid cases, with hemorrhage from the gums, intestines, or uterus, with feeble pulse and general prostration, wine may be added with advantage.

The dietetic treatment is in practice the most essential matter in many illnesses, and is that part of therapeutics which is most difficult to determine upon, and is a problem which presents itself in each and every malady. M. Jaccoud has declared that a milk-diet will work miracles. The relations of resolution and absorption to nutrition and assimilation are being very much better understood than they were, with good results in practice.

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### Treatment of Typhoid Fever.

In the June number of the *Practitioner*, Dr. Henry Kennedy, of Dublin, speaks of the diet treatment, and of the extent to which the ilium is involved, as being of the utmost consequence, for it varies much, and then adds that it is too much forgotten that in a number of instances both the ascending and transverse colon are also engaged, and for such we should ever search. Obviously much depends on the presence or absence of this state, which can be made out if we only look for it.

Next, he thinks we should ascertain to what extent we have the diarrhœa in check, and this is to be done by the use of astringents. Not that for a moment he would entirely stop the diarrhœa, but he would keep it moderate. Under these circumstances, opium, in small doses, he believes to be of great service, as it not only soothes, but acts as a stimulant, and "mischievous" is the very opposite of what its effects seem to him to be. Moreover, he says, cases occur—exceptional, it may be—where a mild aperient proves of great use. "I am not speaking of cases where constipation has existed all through, but where there has been diarrhœa. I need scarcely speak of cases where, with the diarrhœa, there is also hemorrhage. It would be a bold step, I take it, for any one here to trust to diet alone; in fact, in any aspect in which we can view the diarrhœa of typhoid fever, I consider it calls for medical interference, more than any modification of the diet can effect; and this leads me, in the last place, to say a word or two about the diet of typhoid fever. I have not found it the simple matter books would lead one to expect; this is specially to be observed when the stomach is irritable, and still more if everything taken be thrown off. Here the matter becomes one of grave moment, and the case calls for the most delicate handling. I have found wine or brandy in most of these act well, and the amount which may then be given is something extraordinary. Last autumn I saw, with Drs. Hayden and Wyse, a case in which thirty ounces of brandy were taken each twenty-four hours; this went on many days, and without producing the slightest head symptoms, and the patient made a good recovery. It has often appeared to me that in stimulants, and more particularly in wine, we have a fluid food well suited to fever and its many types. I call it food, for though its component parts exist in very minute proportions, still they do exist, and we know they are all what may be called conservative; and whatever explanation be given of the effects, whether as a stimulant or as supplying certain ingredients to the frame, or both, certain it is that in many cases the results are most satisfactory, and what is of great consequence, these stimulants are borne well when other fluid food is not; and this leads me, in the last place, to notice that even where the stomach is not irritable, there may be difficulty in the administration of even such a simple fluid as milk. This is not so likely to occur with children; but in adults, no matter how we may change the milk, by giving it with soda or lime water, etc., it often disagrees; and I believe it is always of consequence to ascertain beforehand whether the patient can use it while in health. Similar remarks might be made about beef-tea, chicken-broth, and still more about eggs, which latter the author speaks of using as a matter of course."

Dr. K.'s object in thus writing is, first, to question the prudence of treating the diarrhœa of typhoid fever by diet alone; and, secondly, to show that the varied types of the disease require a corresponding modification in the treatment, in other words, a routine treatment is to be avoided.

The effects of quinine on typhoid have been variously estimated, and its action in this disease as well as in septicæmia has again been investigated by Professor Binz, of Bonn, who, in the *Berliner Klin. Wochenschrift*, No. 8, 1875, alludes to experiments made by himself and others as to the effect of quinine in preventing a fatal result after injections of putrid material. He has found that in many cases (of dogs) experimented upon, a fatal result may be prevented by the administration of quinine, and even in those cases where death ensues its advent is much delayed. The temperature is lowered in all cases. As to men, Binz quotes Socin, who, at his suggestion, treated great numbers of patients during the Franco-Prussian war by quinine, in doses of from ninety to one hundred grains daily, with great success. Socin likewise suggests the simultaneous administration of alcohol, and says that he has obtained surprising results. Binz also alludes to the use of quinine in typhoid fever, and quotes Liebermeister as saying that if he had to choose between the use of cold applicants and quinine in a given case, he would choose the latter. As to the objection that quinine affects the intestines and causes bloody stools, Binz says that this result is due to the use of the sulphate, and recommends using the muriate instead.

**The So-called Partial Dislocation of the Humerus.**

Mr. Edmund Owen, F. R. C. S., at a meeting of the Medico-Chirurgical Society, of London, lately endeavored to show, by the aid of four recent dissections, that the cases which have been recorded as examples of true partial dislocation of the humerus are due to the effects of disease rather than of accident. The case instanced by Sir Astley Cooper in his "Treatise on Fractures and Dislocations," and that described by Mr. John Soden, in the "Transactions" of this Society, vol. xxv, 1841, which have hitherto been considered as evidence that this form of displacement may result from "injury," were especially referred to as lending support to the opinion advanced by the writer. The paper was illustrated by specimens.

Mr. Gascoyen said that all these joints, when examined, showed evidence of chronic rheumatic inflammation; and other joints than the shoulder were, in some cases, found to be similarly affected. He concurred with Mr. Owen as to the non-existence of partial dislocation of the humerus from injury, for he was quite unable to see what forces could hold the bone in position when it was dislocated upward.

Mr. Gay contended that the changes met with in these joints were secondary to the dislocation; and he had certainly met with cases in which partial dislocation had followed direct injury to the shoulder.

Mr. Marsh said that no doubt many of these cases were examples of chronic rheumatic arthritis following rupture of the long tendon of the biceps; but he fully believed in the existence of a partial dislocation of the humerus, and thought the bone would be held in position by the biceps tendon, which must be displaced when such dislocation occurs.

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**The Inoculation of Tuberculosis.**

The *Doctor* informs us that Dr. Bollinger (*Arch. fur exp. Path. und Phar.*, 1874) says that inoculation with tubercular (human) substances produces in the dog true miliary tuberculosis of the pleura, lungs, liver, and spleen; on the other hand, in carnivora, it produces none, or scarcely any reaction. Simultaneous inoculation and feeding with masses of tubercle of cattle produce in goats a double infection, namely, at once inoculative tubercles of the peritoneum, and tubercular ulcerations of the mucous membrane of the digestive canal, and well-marked tuberculous alteration of the chyliferous glands.

The bronchial contents in tuberculosis of cattle also causes tuberculosis when inoculated, and also probably when mixed with the food of goats. Feeding with fresh tubercular masses of cattle, when applied to carnivora, is not hurtful, and no tuberculosis appears. On the other hand, feeding with cheesy and fresh tubercle masses on sheep and goats exhibits well-marked tuberculous infection, which is seen in ulcers of the intestine, hyperplasia of the follicles of the intestines, notable swelling and cheesy hardness of the lumbar glands, and sometimes in tubercular eruptions on the peritoneum and in the liver and lungs. The fatal effect of the tubercle poison is seen in this, that even small masses of tubercular lung substance have the power, when mixed with the food, to kill quite healthy goats in about two months. Feeding with simple cheesy pus excites in goats, kept in exactly similar circumstances as the others, no tuberculosis. Several forms of feeding with tubercle exhibited anatomo-pathologically a great unanimity with human scrofulosis, namely, in regard to the hyperplasia and cheesy hardening of the glands in the abdomen and in the neck.

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**Bromide of Potassium in the Treatment of Epilepsy.**

Dr. Otto writes, on this subject, in the *Archiv für Psychiatrie* volume v, No. 1. He concludes that it lowers the excitability of the central ganglia and of the peripheral nerves, and by this means assuages the epileptic attacks. The results are due altogether to the bromine salt. To be efficacious, the dose for an adult must be at least 120 grains. When the dose reaches 180 grains daily, great precautions should be taken. Dr. Otto thinks that it is best to commence with a full dose at once. In cases in which the cornua ammonis were found to be affected, the bromide of potassium had been most effectual. The brain symptoms induced by bromide of potassium afford as good a guide for lessening the dose of that drug, as the pulse does for moderating the dose of digitalis. Dr. Otto does not fear the induction of any permanent psychic lesion from large doses of the bromide. He advises that it should always be administered well diluted with water.

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**Action of Aconitina Upon the Heart.**

Lewin, operating on frogs, finds that aconitina, in doses of .0025 to .0015 gramme, lowers the frequency of the cardiac beats, and this occurs most rapidly when injected into the veins, more slowly when subcutaneously injected, and most slowly when injected into the stomach. The duration of the action varies from one to two hours. It is succeeded by a period of increased frequency of the heart's beats, which is soon followed by irregularity, and, finally, ends in arrest in diastole. At the close of almost all the experiments an arhythmia of the cardiac actions occurred, due to the rapid pulsation of the auricles or to their beating alone. The peripheral nerves, when the poison was administered in moderate doses, exhibited considerable diminution of excitability, and with larger doses paralysis occurred. The heart after death did not always respond to electrical excitation. In experiments on warm-blooded animals, he found that the first symptom observable was marked dyspnœa, and this augmented till death occurred; but by the application of artificial respiration for nine hours and

a half continuously he was able to save the life of a rabbit to which a fatal dose had been given. The dyspnœa is due to the direct action of the poison on the respiratory centre in the medulla oblongata. In regard to the heart, he obtained results of a double nature, partly conformable to those produced by digitalis (corresponding, therefore, to primary irritation and subsequent paralysis of the vagus), partly consisting in a diminution of the force of the heart and a rapid sinking of the frequency of the pulse. The cause of this was the action of the poison on the ganglionic centres in the heart, at one time with integrity of the vagi, and then with paralysis of the vagi.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Messrs. Keen, Cooke & Co., of Chicago, announce that they have become the publishers of "*The Chicago Medical Examiner*," heretofore published by N. S. Davis, M. D., and F. H. Davis, M. D., and that on and after August 1st, 1875, it will be consolidated with the *Chicago Medical Journal*, heretofore edited by J. Adams Allen, M. D., and Walter Hay, M. D. These two periodicals will hereafter appear as the "*Chicago Medical Journal and Examiner*," and be conducted by "The Chicago Medical Press Association," an incorporated Stock Company, composed of leading medical men of the City of Chicago.

——*The Electrical News* is the title of a new weekly periodical published in London, under the editorship of Professor William Crookes. Its programme of contents is intended to embrace all matters relating to the science of electricity, together with special reports of progress in the art of telegraphy, and the various practical applications of electrical machinery, medical and otherwise. It is a handsomely printed publication, in magazine form, twelve pages.

——Messrs. Baillière, Tindal & Cox have published the first number of the *Veterinary Journal*, a new monthly magazine, the character of which is indicated by its title. It is conducted by Mr. George Fleming, veterinary surgeon to the Royal Engineers, and if it keeps up the promise of its first number, will certainly prove an excellent repertory of veterinary science.

——The proprietors of the Vichy Springs have published a pamphlet, entitled, "Medical Study on the Mineral Waters of Vichy," setting forth the therapeutic properties of those sources. It is carefully compiled from various medical writers, and can be had gratuitously of the general agents, Bouché, Fils & Co., 37 Beaver St., New York.

——The *London Medical Record*, published by Messrs. Smith, Elder & Co., after appearing 130 times as a weekly, now ceases as such, and is to appear henceforth as an eighteen-penny monthly.

——An interesting catalogue of old books on medical science, for sale by H. Georg, at Basil, can be obtained from E. Steiger, 22 Frankfort street, New York, who will also promptly fill orders.

### BOOK NOTICES.

**Transactions of the McDowell Medical Society**, for the year ending Nov. 4, 1874. Evansville, Ind., pp. 85.

This recently organized Medical Society, named after the eminent Dr. Ephraim McDowell, embraces the district covering Hopkins, Union, Christian, Webster and Henderson counties, Ky. The first President was Dr. J. B. Cook, of Henderson. The papers contained in the present publication are, as a rule, carefully written, and on topics of interest to medical practitioners. An appropriate memoir of Ephraim McDowell is contributed by Dr. James H. Letcher. Dr. Benjamin Letcher has an article on the antiseptic treatment of smallpox, speaking well of liquid carbolic acid. Dr. J. A. Hodge reports a singular case of a gunshot wound of the stomach and kidney, with recovery. Another, not less curious, is given by Dr. S. Furman, that of a boy, of ten, who swallowed a ten-penny nail, without ill result. Three cases of encephaloid testes are described by Dr. Pinckney Thompson; Dr. J. L. Cook, in an article on phthisis, emphasizes the importance of an early diagnosis; Dr. J. D. Collins describes a longitudinal cervical elongation of the uterus, with an operation by the elastic ligature; Dr. Robert Stuart reports on public hygiene; Dr. J. W. Thompson urges the prompt use of mercury in syphilis.

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## REASONING IN MEDICINE.

### II. Definitions and Methods of Observation.

In beginning to reason, the first thing to settle is what we are to reason about; and this is done by a Definition. Few writers succeed in this. The makers of dictionaries give synonyms, or paraphrases for definitions. This will not do in science. What is there demanded is a statement of all properties common to the object defined, and an exclusion of all not common to it. Dr. Whewell profoundly observes that the true use of a definition in science is "to point out the path for future investigation." In other words, a scientific definition approaches a description.

The usual fault with medical definitions is that they include too much. Professor Bain quotes this definition of fever by Dr. Parker:—"It essentially consists in elevation of temperature, *which must arise from an increased tissue change, and have its immediate cause in alteration of the nervous system.*" To these latter words Professor Bain objects. He says, "They are not idle phrases, but describe circumstances of radical importance. Why, then, exclude them from the definition? The reason is that the complications of disease require the separate discussion of whatever can be separately discussed with advantage; and almost everywhere in medicine it is advantageous to separate the description of the fact from the inquiry into the causes of the fact. A definition should give whatever is essential to the determining of a fact or phenomenon. It should not assign the causes, nor deduce the consequences of the phenomenon; this is to advance beyond definition, to predication."

The correct course is to adhere to the description of the characters of a disease, so that by the definition it may be identified, refraining from all remarks bearing on the causes or consequences of the symptoms. The following definition of tuberculosis, taken from Steiner's *Compendium of Children's Diseases*, is another example of a definition which jumbles up both cause and effect with definition:—"Any lesion of nutrition which results in the formation of numerous small gray nodules, known as tubercle, and which, according to some authors, have an inflammatory origin." Many of the definitions in Dunglison's Dictionary (last edition) are models of their kind; but to define Fever as "one of the most frequent and dangerous affections to which the body is liable," is meaningless; and others, as that of "Cephalic Fever," a febrile affection of children attended by fever, etc., and a train of phenomena often supposed to be premonitory of an attack of hydrocephalus," sin against nearly every canon of definition.

The first requisite of a definition is that it shall be exhaustive—that it shall embrace all the properties common to the class defined. To trace the dependence of these upon each other, their causes and their consequences, is an after operation.

These latter are what are called, by logicians,

"predications," and should not be mixed up with defining clauses. Such predications consist of the inferences drawn from the definition, the remote and exciting causes of the malady, its immediate and remote effects, or sequelæ, and its remedies. These are to be determined by subjecting observations of facts to the canons of induction. These canons are known as the Methods of Agreement and Difference. By the canon of Agreement we are justified, when several instances of a phenomenon have only one circumstance in common, in assuming that circumstance as its cause. Thus, if in a number of cases of typhoid fever in a village the only circumstance common to all the sufferers seems to be the consumption of milk from a particular dairy, we may assume that this agreement points to that milk as the cause of the fever.

By the canon of Difference, when a disease frequently occurs under certain circumstances, and never occurs when a particular one of those circumstances is wanting, we may infer that that one circumstance is its cause. All must remark, however, the serious difficulties in applying these methods in medicine. Plurality of causes and intermixture of effect occur in the most aggravated forms. Any reasoning from the body in health to the body in disease, still more from the body dead to the body living, or from lower animals to man, is liable to great errors, from the impossibility of applying fully either the Canon of Agreement or of Difference. It is simply impossible to take into account all the circumstances of a phenomenon. We do not know them. Hence, we must content ourselves with obtaining the greatest probability possible, by the "elimination of chance."

By this is meant the method of deciding whether a coincidence occurs more frequently than can be accounted for by chance; in other words, whether it signifies a causal connection. As this is what nearly all medical reasoning comes to, sooner, or later, we shall give our attention, next, to inquiring what degree of probability entitles a coincidence to be lifted above the region of chance, and finally to justify the assumption of a causal connection.

An example of the use of these methods may be taken from the discussion on the origin of zymotic disease. It has been argued that, because there are many points of agreement between, for instance, the phenomena of the growth of the yeast-plant and the inoculation of small-pox or infection by scarlatina, therefore the cause of the latter, as of the former, set of phenomena must be similar germs or spores. That is the precise point in question; and the argument from analogy, or, as we may express it, the argument by the "Method of Agreement," seems by no means to warrant the conclusion drawn from it. When we come to apply the "Method of Difference," we are the better able to realize the fallacy underlying the argument. Thus, the two sets of phenomena agree in many respects, but they differ in at least one important particular, namely, that in fermentation the spores of the yeast-plant are at once easy of demonstration, and their source from pre-existent germs is matter of observation; while, in the case of zymosis, either no such organisms are found at all, or, if they be, it has yet to be proved that they are introduced into the organism in that form. When this is all the proof advanced in support of the theory, it manifestly becomes a duty to suspend judgment, at least till such a time as further corroboration of truth is offered us.

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### CRITICISMS ON THE THEORY OF EVOLUTION.

The singular narrowness of those scientific writers who seek the explanation of all things in physical force and motion, is constantly illustrated when any line of study is carried to its highest laws. The persistency of Form is wholly unexplained by the known laws of force; the origin of religions fails utterly to be explained by outward phenomena, as DAVID HUME showed, a century ago.

A noteworthy criticism on these theories has

lately appeared, from the master hand of Dr. Lionel Beale, the eminent microscopist, in his Lumleian lectures. He fairly states and uncompromisingly attacks the positions of the material evolutionists. The close of one of his lectures will bear quotation, to show his position and the nature of his arguments:—

"Every attempt to explain the formation of any definite organ by what is called evolution and the operation of physical causation, independently of intelligence, and of guiding, governing power, has signally failed. Even with the aid of that wonderful 'nature,' with a capacity for differentiating herself, which the evolutionists have been obliged to call to their aid, we get only a very confused and inadequate notion of the formation of any single tissue of any one organ—the eye, for example. Let it be fully explained, in full detail, according to evolutional law, how the formation, not of the eye as a whole, but of one only of the tissues of the eye, is carried out. Such an explanation would have far more weight than the assurance that the eye may be compared with a telescope, or that it exhibits an indelible stamp of its lowly origin. By vague suggestions of this sort nothing whatever is proved, or even rendered probable. An interpretation of facts is authoritatively given, favorable to certain preconceived views, and that is all. Other interpretations might be given, but for the time all others are excluded, by authority which rules as if it were infallible.

"No one has yet been able to account for the arrangement even of the nerve fibres of a nerve plexus of the eye or of any other organ. The little papillæ of the frog's tongue are, as I have remarked, organs admirably adapted for investigation, and I wonder that these have not been selected to illustrate the theory of evolution. They can be easily obtained for study, and are far less complex, and more easy of investigation, at every stage of development, than the eye. A discussion concerning their formation, and the laws by which it is governed, would be extremely interesting. It is not very likely that evolutionists will accept this or any other challenge, for the purpose of testing the application of their doctrine to the details of anatomical structure. They prefer generalities; and as long as they are able to make people believe that their doctrines are true, and that their prophecies will be verified, they are wise. If they are encouraged to persist in calling attention to general characters, to the exclusion of details, and to select out of nature's storehouse just those facts which support their own theories, taking no account whatever of facts which cannot be explained by them, they will be able to hold their own, but whenever they are forced to go into detail, and study the minutiæ of the development of an individual organ, the difficulty of the application of the doctrine will be apparent enough to every one, and the further the investigation is pushed, the more will the difficulties to be surmounted by the evolutionists increase, as regards degree and number."

Here are points well taken, and the evolutionists have been guilty, over and over again, of the unfairness charged them.

But the doctrine of Development, modified by the principle of Intelligence, is not to be renounced. A scheme has been advanced by Professor Laycock, of Edinburgh, which combines these two principles, and which, partly owing, no doubt, to the technical terminology he has adopted, has not received the attention it merits. His theory is that of formative ideas which control and direct evolution.

John Stuart Mill, as recently quoted in these pages, has pertinently remarked that thought and feeling are truer to us than aught else—are, in fact, the only truths we certainly know. Therefore, to omit these from any general Theory of Things, is deliberately to deprive that theory of its first and only real claim upon our belief.

## Notes and Comments.

### Medical Editorship.

Dr. N. S. Davis, and his son Dr. F. H. Davis, have retired from the editorship of the Chicago *Medical Examiner*, as elsewhere announced. The opinion they express of medical editorship, in the printed circular announcing their retirement, is a sad but true commentary on its labors and inadequate recompenses. They say:—

"For more than twenty-five years one of the undersigned has been engaged in the work of editing medical journals, and has allowed it to absorb much of the time that could be snatched,

in fragments, from a busy professional life. But neither of us wish to devote so much valuable time to such work longer, and hence transfer it to other parties."

### Dean Stanley on Medical Students.

At a recent hospital dinner, Dean Stanley said, that in looking over all the professions, "if we took the best classes of all the students, the best specimen of all was the best kind of medical student. It might also possibly be said that the worst specimen of all was the worst kind of medical student." On the second proposition he did not enlarge, but he assigned three reasons why a good medical student ought to be better than that of any other profession. First, he had to deal with the alleviation of human suffering, and to do good in the most direct form. Next, familiarity with human suffering quickened, instead of deadening his sympathy. And again, that, so far from being led to disparage the spiritual and moral part of human nature, by having their attention fixed on the outward physical frame, medical students were led to feel, perhaps more than any other persons, the difference between what was merely external, and what was moral and spiritual. If they had fixed in their minds the one central thought, that the moral nature of man is above everything else, that would be at once a guaranty of their own good conduct, and also of the stability of their intellect amid all the various changes, and variations and speculations of an advancing, and sometimes retrogressive age. Certainly a student with these views would be the best kind of a student, and as a practitioner the best kind of a physician.

### Course of Cholera.

Mr. Tholozan, physician to the Shah of Persia, now in Paris, has laid his views before the Academy of Medicine, and we here offer an abstract of them. The starting-point of the epidemics of 1831, '47, '52, '56 and '65 had in former communications been settled by the author, he having shown that most of the epidemics which have been observed in Europe for the last thirty years have not been imported from India, but have arisen from the germs left by preceding epidemics. He wished to ground his opinion upon facts alone, especially as to the nature of the original manifestations of cholera, and the manner in which it has spread. M. Tholozan endeavors to prove that in India as well as Europe the epidemics of one period spring from incompletely extinguished former epidemics. Cholera reigns in Europe in the same manner as on the banks of the Ganges. It incontestably traveled first from Asia to Europe; but it is equally sure that for the last sixty years it has settled amongst us, continues so, lies dormant, and sometimes breaks out, just as happens in India. Those who think that every cholera epidemic in Europe is imported from India are in error, no facts supporting the theory. The truth is, according to the author, that the scourge has a wonderful power of spreading, and exhibits variable intensity and symptoms. But although the effects, the manifestations, and the contagious properties present modifications, although the danger may increase or diminish, the morbid entity remains the same, and those who make a distinction between Asiatic cholera and the sporadic form of the disease (cholera nostras) are grievously mistaken. M. Tholozan is a supporter of quarantine and sanitary restrictions, on account of certain advantageous results which have accrued from them.

### The Dangers of Cantharides.

We see it stated in the dailies that two young men, of Warsaw, Indiana, gave a young woman a dose of wine and cantharides, for an infamous purpose, and caused her death. They acknowledged the act, and are in jail.

Physicians should take proper occasions to disabuse the public mind of the belief that cantharides is an aphrodisiac, and also to warn of its dangerous character. Vile publications have disseminated a belief that it is a true venereal excitant, which it is not, in any sense.

### Social Science Questions.

At the approaching Social Science Congress, at Brighton, the following questions will be discussed in the Health Section:—1. To what causes are to be attributed the ill-construction and want of sanitary provisions which exist in the dwellings of the upper and middle classes, and what is the best method which should be adopted to remedy and rectify the same? 2. What are the advantages or disadvantages of water supply being lodged in the hands of local authorities? 3. What are the advantages of English, as compared with foreign watering places and health resorts? What are the best means for rendering the English watering

places more efficient, for obviating the dangers arising from the occasional introduction of infectious diseases, and for determining the annual rate of mortality in each district?

### Amylnitrate.

Speaking of this body, the *Pharmæceutische Zeitung* says that its applications are still circumscribed. It differs from amylnitrite in the following particulars: it has a higher specific gravity (.0·919), a higher boiling point (147° to 148°), possesses a very disagreeable *cimicular* smell, and is colorless. The designations *Amylnitrite* and *Amylnitrate* have so often led to mistakes in substituting one for the other that it is recommended to employ the names *Nitrite of Amyl and Nitrate of Amyl.*

### "Volta's Electro-magnetic Chain Belt."

In reply to numerous inquiries, we repeat that we have never recommended, either personally or editorially, this device, and we never shall recommend it. The long quotation in the Company's circular, headed "From the Philadelphia *Medical and Surgical Journal*," never appeared in the REPORTER, and no journal of that name exists in this city. We call upon the Company in Cincinnati to remove that extract from their circular, and if they do not, we shall characterize them as deliberate swindlers.

### Elimination of Alcohol by the Respiration.

Aug. Schmidt (*Centralblatt*, 1875, p. 371) states that, having read Henbach's late observations, showing that little or no alcohol appeared in the urine of febrile patients to whom it had been freely administered, he resolved to submit the expired air to renewed investigation, and the result of his experiments is, that when fifty ccm. of absolute alcohol have been consumed, at most only a trace can be discovered in the expired air. This is in full accordance with the statements of Ansfie and Dupré.

### Chloral Hydrate.

On this body Professor König writes as follows: The narcotic power of chloral hydrate is increased to an important extent, and its prejudicial effects reduced in the same proportion, if bicarbonate of sodium be administered immediately before. After five observations I believe myself to be in a position to state that one part, by weight, of chloral hydrate, may be replaced with equal effect by one part of bicarbonate of sodium, and four-tenths of chloral hydrate.

## CORRESPONDENCE.

### Letter from the Seashore.

ATLANTIC CITY, July 19, 1875.

ED. MED. AND SURG. REPORTER:—

In my last letter I dwelt, and with truth, upon the great advantages of this locality as a health restoring and invigorating agency. I stated that a certain case of neuralgia, which had resisted all ordinary forms of medication, had been entirely cured by a residence at this point. To be fair in giving a just estimate, and not overstep what is proper and right, I have to record that certain winds and indiscretions of diet will induce an attack of neuralgia if the disease is hereditary, even in this locality, but its duration, like intermittent fever, is, if properly treated, short-lived. Such an attack the writer attended on Sunday, the 18th of July.

The patient said that it was hereditary; her father and uncle suffered from it. It was her second attack at Atlantic City, having had a similar one the previous season, which was relieved by a hypodermic injection of morphia. Finding in the case a furred tongue, and heavy odor from the stomach, I directed an alterative and laxative, but relieved the neuralgia by the morphine.

Again, I dwelt upon the great uniformity of the temperature, and character of the winds during the ten days prior to my last letter; since then the winds have entirely changed, for the most part of the day blowing from west and northeast, giving us a land breeze, and the temperature on the 18th was 95°, which was higher than I ever experienced in my numerous visits to the Island; still the night was cool.

Another disease I find common, even in those in good health, viz., diarrhœa; frequently caused by eating oysters, cooked, and drinking too much of the rain-water. Oysters should be forbidden as an article of diet, also the weak fish, for the former are sometimes soft and milky, which, when cooked, is not noticed by those who partake of them, while this form of fish are difficult of digestion; flounders, sea bass, blue fish, and sheep head, are much more easily digested.

I also find, in the more closely built-up localities, the atmosphere is charged with offensive odors and the drainage is very imperfect. Now, as the season advances, from July into August, this will become much worse, owing to the higher temperature and humidity, promoting decomposition of organic matter. Particular attention should be paid to a thorough system of underground drains or sewers, with traps to the sea, which should be open at night, so as to conduct all the waste of the hotels, dwellings, and outhouses away from the buildings.

These sewers should be daily flushed with sea water, and all the impurities which now endanger health, life, and real comfort, should be carried into the sea, while all garbage should be carted away and covered with dry earth.

I am much pleased that the water supply is eliciting that attention which the merits of the subject demands, and I trust that the liberal-minded inhabitants and owners of cottages will unite with the authorities and railroad company in obtaining an abundant supply of soft, pure, cool, and health-giving water, free from organic matter.

We, as physicians and sanitarians, should insist that in Atlantic City imperfect drainage and impure water should not be permitted to cause low forms of fever, cholera, diarrhœa, etc., which have been so destructive to the prospects of many of our watering places. Timely attention to this important subject will avert such sad scenes of danger and death as occurred at Mount Desert, Gregory House, Lake Mahopac, and other localities, where the water and soil became poisoned by human excreta, etc. We trust that the newly-organized board of health, who are most of them physicians and sanitarians, will reach, by their influence, every point, and accomplish this desirable object before the immense influx of visitors during the centennial year. Yours respectfully, L. T.

### The Cold Water Treatment of Scarlatina.

Ed. Med. and Surg. Reporter.

I observe, through your columns, that many members of our profession do not seem to be willing to accord to Dr. Hiram Corson, of Conshohocken, Pa., due credit for having first promulgated, even if he did not originate, which I think he did, the idea or method of treating scarlatina by the application of ice. Since the publication of Dr. Corson's method, I have applied it in a large number of cases, and have found it not to fail in a single instance.

In the simple form of disease almost all that is necessary is careful nursing, little treatment being required; but when the typhoid element manifests itself, there is neither medicine nor method of treatment so efficacious as the application of ice. Before Dr. Corson's method of treatment was known, I had cases of scarlatina that proved fatal, notwithstanding every effort was made to save, under other modes of treatment, but since adopting his, I have had some forty cases of the most malignant type, and have not lost a single one. Some of these cases had been greatly neglected; throats were swollen, having gangrenous spots, accompanied by great physical prostration; in fact, I might almost say the sufferers were at the very threshold of eternity, as under any other treatment I had not seen or known of a recovery in any case equally bad. The application of ice seemed immediately to stop the formation of plastic matter, and reduce the swelling rapidly; the throat would clear in a few days, and a recovery followed speedily. I use, in connection with the ice, in severe cases, the internal treatment recommended by Dr. C. Yours truly,

James Y. Shearer, M. D.

*Sinking Spring, Pa.*

[We believe Dr. Jackson, of Northumberland, Pa., first advocated the cold water treatment in this country.—Editor.]

### Abnormal Placenta.

Ed. Med. and Surg. Reporter:—

Nearly two years ago I was called to attend a young married lady in her first confinement. The case progressed rapidly enough, and the pains were very severe. Very much to my chagrin it proved to be a footling presentation, and I had no forceps at hand. The lady was pretty strong and I bided my time, knowing full well the danger that was ahead. In a short time the body was expelled, but the head was retained within the vagina, and as firmly clasped, apparently, as is the head of the humerus within the glenoid cavity and its capsule.

The child's right was to the mother's left. No time must be lost or the child's life will certainly be sacrificed. Traction that would be sufficient to dislodge the head would sever the neck of the child. Delay were Scylla, and haste Charybdis. What must be done? I turned the body of the child upward over the pubes, inserted the index finger of the right hand into the vagina, and worked my way gently up to the child's mouth, into which I hooked the finger and brought down the chin. With the second and middle finger of the left hand I straddled the neck of the child, and so made firm and persistent traction, rolling upward and outward the retained head. When I had used force far more than I thought necessary to destroy the life of the infant, resistance was overcome and my triumph was complete. The child is living to this day, to remind me what an amount of force may be used, when gently proceeded with, and yet without injury to either mother or child. The lady made a good recovery.

Recently I was called again to attend the same lady in her second confinement. The case progressed well; the pains were rather feeble at first, but in a few hours augured business. The presentation was natural, first position. A healthy nine-pound boy was the fruit of this labor.

The placenta was tardy; on examination I found it detached, and exceedingly large. I twist it, work it this way and that, and finally succeed in bringing away a mass of several pounds weight, and of most singular structure, hard, almost crisp, in the central portion. A stony deposit of splinter or needle-like masses would crack and break under pressure. No examination was made as to the exact character of the deposit. There is probably nothing new or strange in this case, but it is the first and only case of the kind I have met in a practice of ten years. The lady made a good recovery.

*Petrolia, Pa.* A. D. Binkerd, M.D.

# News and Miscellany.

### Disease Among Cattle.

The Doylestown *Democrat* says: A curious epidemic has made its appearance among horned cattle in and about Morrisville, in this county. The disease commences with an affection of the hind parts, a general weakness and difficulty in moving the hind legs, not so much of stiffness as a loss of motive power, the appetite generally remaining good, although there are exceptions. Almost as soon as attacked, the weakness in the hind quarters is so great that the animal is compelled to drag itself along the ground, and is in a measure altogether helpless. It is supposed that the disease is an affection of the spine, causing partial paralysis of the limbs. A number of animals have been attacked, and several deaths have taken place.

### Female Physicians in England.

Early in July the General Medical Council of Great Britain discussed the status of female physicians. Their opinions were expressed in the following resolutions:—

The Medical Council are of opinion that the study and practice of medicine and surgery, instead of affording a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be safely disregarded.

If it should appear to the Government and Legislature expedient that women who desire to obtain a legal status as medical practitioners in this country should not be debarred from obtaining that status, the Council are of opinion that it should be under some such arrangements as the following:—1. That in the interests of public order, the education and examinations of female students of medicine should be conducted entirely apart from those of male students. 2. That with reference to the "examination rules, or other conditions" which prevent women from accomplishing their wish, the Medical Council have to state that, under the provisions of the Medical Act, those persons only can be placed upon the Medical Register who have been admitted to medical degrees in the universities, or who have been admitted fellows, members, or licentiates of one of the medical corporations of the United Kingdom. It appears that most or all of the universities and corporations are unable or unwilling to admit women to their degrees, or to admit them as members of the respective corporations.

The Council have already had their attention drawn to the importance of securing more efficient instruction for women who engage in the practice of midwifery, and whose services are largely employed, especially by the poor of this country. The Council feel very strongly that it is desirable that some means should be adopted for securing a better education, and granting certificates of competency to women who act as midwives. For, whilst fully admitting that, for the safe and efficient practice of midwifery as a branch of medical science, a full and complete education, both in medicine and surgery, is required, the Council believe that a much more limited and less expensive education might be afforded to women, who, after due examination might, as midwives, render valuable service to the community, and supply a deficiency long felt and expressed.

### Personal.

—The Springfield (Mass.) *Republican* gives us the item that a boy child of Dr. J. Shea, born last month, was weighed immediately after its birth, by Dr. Rice, in the presence of a dozen witnesses, with balance scales, and weighed 20 pounds and two ounces. Can this be beat?

—Foreign journals announce the death of M. Demarquay, the well-known surgeon of Paris, which took place on June 21st, at his birthplace, Longueval, in Picardy. The cause of death was an organic affection of the stomach.

### Items.

—The yellow fever has diminished at Key West. An "absolute" quarantine is maintained at Pensacola, and if it fails, the Navy Department will give up that post.

—It was stated, on the 29th ult., that there had been 19 deaths from yellow fever at Fort Barrancas, out of 64 cases of the disease. Among the victims are Lieutenant Deshler and Mrs. Lieutenant Ingalls.

—A New York letter, of July 24th, says the mortality for the week ending to-day shows another heavy increase. The total interments foot up nine hundred and fifty-six. Owing to the absurd way in which these vital statistics are made out it is impossible to tell to what particular disease the increase is chargeable. It is all left to guesswork. We might have an epidemic among us, for that matter, without being any the wiser by these weekly reports, which are confined to a simple record of the total deaths. This is most discreditable.

## QUERIES AND REPLIES.

*M. D., Newark, N. J.*—We beg to refer you to any standard treatise on astronomy, and you will find your views about the lunar and planetary temperatures corrected.

## DEATHS.

LENT.—At his residence, in Liberty Mills, Ind., July 27th, 1875, C. V. U. Lent, of Bright's disease of the kidneys. Buried Thursday, the 29th, with Masonic honors.

POAGUE.—Mrs. Eliza B. Poague, wife of Dr. John A. Poague, and daughter of Jacob Bonsack, Esq., of Roanoke Co., died at her home, in Rockbridge Co., Va., Jan. 4th, 1875, in the 24th year of her age.

POAGUE.—Eliza Bonsack Poague, infant child of Dr. Jno. A. and Mrs. Eliza B. Poague, died February 1st, 1875, aged 8 weeks.